

BENEFITS PREMIUM CHART - Effective 1/1/2023 TO 6/30/2023											
PLANS		TIER	EMPLOYEE 26 PAY	STATE 26 PAY	TOTAL 26 PAY	EMPLOYEE MONTH	STATE MONTH	TOTAL MONTH	STATE HSA 26 PAY ¹	COBRA FEE	COBRA MONTH
MEDICAL PLANS											
BLUE CROSS BLUE SHIELD TCP	SINGLE	01	26.170	351.960	378.130	56.710	762.580	819.290			675.450
BLUE CROSS BLUE SHIELD TCP	EMP+A	02	71.490	724.820	796.310	154.900	1570.440	1725.340			1432.600
BLUE CROSS BLUE SHIELD TCP	EMP+C	03	57.300	471.400	528.700	124.160	1021.360	1145.520			959.440
BLUE CROSS BLUE SHIELD TCP	FAMILY	04	121.610	820.710	942.320	263.490	1778.190	2041.680			1679.960
BLUE CROSS BLUE SHIELD TCP	SINGLE	01	10.150	237.660	247.810	22.000	514.940	536.940	27.690		422.380
BLUE CROSS BLUE SHIELD TCP	EMP+A	02	30.460	492.590	523.050	66.000	1067.280	1133.280	55.380		896.230
BLUE CROSS BLUE SHIELD TCP	EMP+C	03	25.890	321.990	347.880	56.100	697.650	753.750	55.380		599.080
BLUE CROSS BLUE SHIELD TCP	FAMILY	04	56.350	548.800	605.150	122.100	1189.080	1311.180	55.380		1048.060
UNITED HEALTHCARE TCP	SINGLE	01	26.170	351.960	378.130	56.710	762.580	819.290			675.450
UNITED HEALTHCARE TCP	EMP+A	02	71.490	724.820	796.310	154.900	1570.440	1725.340			1432.600
UNITED HEALTHCARE TCP	EMP+C	03	57.300	471.400	528.700	124.160	1021.360	1145.520			959.440
UNITED HEALTHCARE TCP	FAMILY	04	121.610	820.710	942.320	263.490	1778.190	2041.680			1679.960
UNITED HEALTHCARE HDHP	SINGLE	01	10.150	237.660	247.810	22.000	514.940	536.940	27.690		422.380
UNITED HEALTHCARE HDHP	EMP+A	02	30.460	492.590	523.050	66.000	1067.280	1133.280	55.380		896.230
UNITED HEALTHCARE HDHP	EMP+C	03	25.890	321.990	347.880	56.100	697.650	753.750	55.380		599.080
UNITED HEALTHCARE HDHP	FAMILY	04	56.350	548.800	605.150	122.100	1189.080	1311.180	55.380		1048.060

¹State HSA contribution is separate from the premium and therefore not included in the COBRA calculations.

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DENTAL PLANS											
DELTA DENTAL PPO	SINGLE	01	14.300	2.290	16.590	30.980	4.960	35.940		0.720	36.660
DELTA DENTAL PPO	EMP+A	02	30.330	4.580	34.910	65.710	9.920	75.630		1.510	77.140
DELTA DENTAL PPO	EMP+C	03	23.340	4.580	27.920	50.560	9.920	60.480		1.210	61.690
DELTA DENTAL PPO	FAMILY	04	48.260	6.320	54.580	104.560	13.700	118.260		2.370	120.630
UNITED HEALTH DENTAL PREPAID	SINGLE	01	1.640	2.290	3.930	3.560	4.960	8.520		0.170	8.690
UNITED HEALTH DENTAL PREPAID	EMP+A	02	3.290	4.580	7.870	7.120	9.920	17.040		0.340	17.380
UNITED HEALTH DENTAL PREPAID	EMP+C	03	3.080	4.580	7.660	6.670	9.920	16.590		0.330	16.920
UNITED HEALTH DENTAL PREPAID	FAMILY	04	5.460	6.320	11.780	11.840	13.700	25.540		0.510	26.050
VISION PLAN (Fully Insured)											
AVESIS VISION CARE	SINGLE	01	1.720	N/A	1.720	3.720	N/A	3.720		0.070	3.790
AVESIS VISION CARE	EMP+A	02	5.700	N/A	5.700	12.360	N/A	12.360		0.250	12.610
AVESIS VISION CARE	EMP+C	03	5.650	N/A	5.650	12.240	N/A	12.240		0.250	12.490
AVESIS VISION CARE	FAMILY	04	7.110	N/A	7.110	15.400	N/A	15.400		0.310	15.710
LIFE PLANS - Securian Financial											
BASIC- \$15,000		BL		0.277			0.600				
DEPENDENT- \$2,000		02	0.434			0.940					
DEPENDENT- \$4,000		04	0.868			1.880					
DEPENDENT- \$6,000		06	1.302			2.820					
DEPENDENT-\$10,000		10	2.169			4.700					
DEPENDENT-\$12,000		12	2.603			5.640					
DEPENDENT-\$15,000		15	3.254			7.050					
DEPENDENT-\$50,000		50	10.846			23.500					
Securian Financial - Supplemental PER \$5,000 Coverage		<30	0.138			0.300					
		30-34	0.157			0.340					
		35-39	0.173			0.375					
		40-44	0.279			0.605					
		45-49	0.365			0.790					
		50-54	0.575			1.245					
		55-59	0.819			1.775					
		60-64	1.445			3.130					
		65-69	1.445			3.130					
		70+	2.264			4.905					
LONG TERM DISABILITY PLAN											
MetLife - Per \$100 of earned wages			0.0905			0.1960					
SHORT TERM DISABILITY PLAN											
MetLife - Per \$100 of earned wages			0.1458			0.3160					

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